

Congratulations on reaching this point in your scouting career and thank you for your interest in completing your Eagle Project with the City of West Linn. We've worked with many Life Scout's over the years and we look forward to working with you as well. This Eagle Project application packet will explain the steps we've put in place to help make your project successful.

Your Eagle Scout contact at the City of West Linn is Mike Perkins, Park Development Coordinator/City Arborist. Mike can be reached at 503-557-4700 or mperkins@westlinnoregon.gov Keep Mike's information handy. He is the person who will be approving your initial application, advising you along the way and steering you to the acceptance of you final product.

When selecting your Eagle Project at the City of West Linn, it must be no less than four months before your 18th birthday.

A list of propose projects at the City of West Linn is available upon request by contacting Mike Perkins. We also welcome your ideas. The city's projects are awarded on a first-come first-serve basis.

Page two (The Eagle project Agreement) provides a list of expectations and requirements for your eagle Project. Each item on the list is to be reviewed by you, along with your parent or guardian, and initialed in the space provided, indicating your understanding and agreement with each issue. Should you have or concerns, feel free to contact Mike Perkins.

Page three (Eagle Project Application) must be completed before and brought to your first interview with Mike Perkins. Again, should you have any questions or concerns, feel free to contact him.

Page four (Volunteer Timesheet) must be completed at each of your project events by each person volunteering. Completed timesheets will be collected at your final meeting with Project Coordinator.

Mike Perkins

Park Development Coordinator/City Arborist

Mailing Address:

City of West Linn, 22500 Salamo Road #1100

West Linn, Oregon 97068

mperkins@westlinnoregon.gov

503-557-4700 FAX 503-656-4106



CITY OF WEST LINN Eagle Project Agreement

To ensure a successful partnership, we like to start with a list of expectations. Read each item with your parent or guardian and initial where provided to confirm that you understand and agree with each requirement. Clear communication is the key to a successful Eagle Project.

	Parent or	
Scout	t Guardian	
propo		guardian will schedule a meeting with project coordinator to review the apperwork. It must be no less than 4 months before the Scout's 18 th
birtho	day.	
	The Scout will be respo	onsible for contacting project coordinator, in writing or via email, with
-	ites on the project, including every mose, and results of the meeting.	neeting with City of West Linn employees. The report will include the date,
take ι	The Scout will allow su up to a year to complete.	fficient time to plan, work, and finalize the project. Some projects could
	The Scout will have conting with project coordinator.	mpleted the applicable forms for Eagle Project prior to the second
propo	Before the project is su osal to project coordinator for appro	ubmitted to the Eagle Review Board. The Scout will submit a written work oval.
with p	The Scout will secure a project coordinator.	ill tools and supplies for completion of the project. Coordinate any needs
contir	All field work shall be ingent upon staff availability.	coordinated with your project coordinator. All field work dates are
is pre	Your project coordinates	tor must approve completion of the Eagle Project before the final project
	Your project coordinate	tor is the only one who can sign final approval of the eagle Scout Project.
Name	ne (printed):	
Signa	ature:	Date:
	Signature of	
V SO	Parent or Guardian:	Date:

CITY OF WEST LINN

Eagle Project Application

Contact Information							
Please Note: Applicant must be at least 14 to participate and no less than 4 months before turning 18							
Name:				Date:			
Street Address:							
City, State, Zip							
Home Phone:							
Cell Phone:	V	Vork Phone:					
Email Address:							
Birth Date (mm/dd/yyyy) Year in School:							
Parent/Guardian:							
Scoutmaster:	Р	hone:		Troop Number:			
	<u> </u>						
Project Desires/description							
Project Dates (Three to four month minimum planning time)							
Troject Dates (Timee to rout month minimum planning time)							
Person to Notify in case of emergency							
Name:							
Home Phone:	Cell Phone:	Relationship:	Work Phon	e:			
		<u> </u>					
Agreement and Signature							
I hereby certify that this application contains no misrepresentations or falsifications and that the information is true and							
complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for on this							
form application is cause for cancellation of the application and/or dismissal from volunteer service. I understand that							
background or security checks may be conducted, as deemed necessary. I authorize the City of West Linn to make any							
necessary and appropriate investigations to verify the information contained herein. I give permission for my photo to be taken							
while volunteering and that photos can be published.							
Name (printed):							
Signature:	Date:						
Signature of Parent of Guardian, if unde	Date:						

Return Application to

Mike Perkins, Park Development Coordinator City of West Linn, 22500 Salamo Rd., West Linn, 97068 503-557-4700 mperkins@westlinnoregon.gov FAX 503-656-4106